

FOR HONOR FLIGHT USE ONLY: LAST NAME: _____ DATE: _____



Honor Flight Bay Area Veteran Application

Honor Flight Bay Area Foundation (herein 'Honor Flight') recognizes America's veterans for their sacrifices and achievements by flying them to Washington DC on an all-expenses paid trip to see their memorials. **Due to the large number of veterans applying for this opportunity, we can only take those who have not already seen their memorials.** Top priority is given to WWII and terminally ill veterans from all wars. Guardians will be assigned to accompany veterans as needed to provide assistance, and help veterans have a safe, memorable, and rewarding experience.

Please consider this trip a small token of appreciation from all of us at Honor Flight for the service and sacrifices you have given to your country.

For further information please contact us at 408.449.1739, admin@honorflightbayarea.org or visit www.honorflightbayarea.org.

PRINT YOUR FULL LEGAL NAME: _____ **NICKNAME:** _____

(Print your name as it appears on your driver's license or government ID.)

ADDRESS: _____ **GENDER:** M F

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE Day: _____ Evening: _____ Mobile: _____

E-MAIL ADDRESS: _____ **AGE:** _____ **DOB:** _____

HOW DID YOU HEAR ABOUT HONOR FLIGHT?

TEE SHIRT SIZE: (S, M, L, XL, XXL, XXXL) _____

ALTERNATE CONTACT (son, daughter, etc.): Name: _____

Phone: _____ E-mail: _____ Relationship: _____

EMERGENCY CONTACT INFORMATION (someone available during your travel):

Name: _____ Relationship: _____

Address: _____

Phone Day: _____ Evening: _____ Mobile: _____

SERVICE HISTORY:

BRANCH OF SERVICE: _____ **RANK:** _____

HOMETOWN (from which city and state did you enter the service?): _____

ACTIVITY DURING YOUR SERVICE:

Medical Information

The purpose of this form is to provide Honor Flight with information to appropriately assess your needs during the trip. All answers will remain confidential. Please explain your answers. You may write on the back if you need more room. Do you have a history of any of the following?

Allergies such as food, drugs, bee stings, hay, horses, etc.?	Yes	No
Dietary restrictions? What type of diet are you on?	Yes	No
Heart problems? Arrhythmias? Past heart attack or stroke? Pacemaker?	Yes	No
Lung problems? Do you use oxygen continuously? during the day? or at night?	Yes	No
Do you use a CPAP or BiPAP?	Yes	No
Kidney disease requiring dialysis? If yes, how often?	Yes	No
Diabetes? Do you take Insulin, pills, or manage with diet alone?	Yes	No
Glaucoma, or visual problems, are you legally blind?	Yes	No
Hearing problems, do you wear hearing aids?	Yes	No
Trouble holding your urine or stool? Do you wear an ostomy bag?	Yes	No
Seizures?	Yes	No
Memory problems?	Yes	No
Do you use a cane, walker, scooter, or wheelchair to get around? Some or all of the time?	Yes	No
Do you have balance problems or history of falls?	Yes	No
Would you like a wheelchair provided for you for this trip?	Yes	No
Are there other medical conditions you have been diagnosed with that we should know about that might be a problem or concern while on this trip?	Yes	No
What medications, if any, do you take? Please specify if none are taken.		

NAME	DOSAGE	WHEN TAKEN
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PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document *Honor Flight* trips and events, his/her image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the *Honor Flight* program. I hereby release the photographer and *Honor Flight* from all claims and liability relating to said photographs. I hereby give permission for my images captured during *Honor Flight* activities through video, photo, or other media, to be used solely for the purposes of *Honor Flight* promotional material and publications and waive any rights or compensation or ownership thereto.
2. I further state that medical insurance is the responsibility of the veteran. I understand and I accept all risks associated with travel and other *Honor Flight* activities and will not hold *Honor Flight*, the airlines, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of *Honor Flight* responsible for any injuries incurred by me while participating in the *Honor Flight* program.
3. I certify there are no health-related reasons, conditions, or problems precluding my full participation in said activities. Nor have I been advised by any medical or healthcare professional not to participate in any *Honor Flight* activity.
4. Without limiting the foregoing, I understand the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization; COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact; and as a result, federal, state, and local governments have prohibited or discouraged the congregation of groups of people. Furthermore, I understand COVID-19 is particularly dangerous to certain groups of people, including older persons and those with weakened immune systems or other underlying health conditions. Although *Honor Flight* is taking precautions to reduce the spread of COVID-19 during our events, it cannot guarantee and has not guaranteed I will not become infected with COVID-19. Further, I understand attending an event could increase my risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk I might be exposed to or infected with COVID-19 by attending an event.

SIGNATURE: _____ DATE: _____

(Applicants will be required to sign an additional covenant prior to actual flight date)

If you have someone, other than your spouse,* who would like to accompany you, please have him or her fill out a guardian application indicating the desire to travel with you.

*Note: Spouses are not permitted to act as the Guardian for the Veteran traveling with *Honor Flight*.

Please submit this form to:

**Honor Flight Bay Area Foundation
c/o General Electric
m/c HFBAF
1990 Little Orchard St
San Jose, CA 95125**